

APPLICATION FOR SPECIAL  
DESIGNATED LICENSE  
CITY OF LINCOLN CITY CLERK'S OFFICE  
555 S 10<sup>TH</sup> ST  
LINCOLN NE 68508  
PHONE: (402) 441-7438

138  
Styx + Haverbay 8.9.15

DO YOU NEED POSTERS?

YES ☐

NO ☒

RETAIL LICENSE HOLDER ☐

NON PROFIT APPLICANT ☐

Non Profit Status (check one that best applies):

Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Public Service ☐

**COMPLETE ALL QUESTIONS**

1. Beer ☒ Wine ☒ Distilled Spirits ☒

2. Liquor license number and class (i.e. C55441, CK55441)  
(If you're a nonprofit organization leave blank)

CK104580

3. Licensee name (last, first,), corporate name or limited liability company (LLC) name (As it reads on your liquor license)

NAME:	SMG FOOD & BEVERAGE LLC		
ADDRESS:	300 CONSHOHOCKEN STATE ROAD SUITE 450		
CITY:	WEST CONSHOHOCKEN	ZIP:	19428

4. Location where event will be held; name, address, city, county, zip code

BUILDING NAME:	PINWOOD BOWL THEATER		
ADDRESS:	3201 SOUTH CODDINGTON	CITY:	LINCOLN
ZIP:	68522	COUNTY & COUNTY #:	LANCASTER

a. Is this location within the city/village limits?

YES ☒ NO ☐

b. Is this location within the 150' of church, school, hospital or home  
for aged/indigent or for veterans and/or wives?

YES ☐ NO ☒

c. Is this location within 300' of any university or college campus

YES ☐ NO ☒



11. Retailer: Will you be purchasing your alcohol from a wholesaler? YES ☒ NO ☐  
Non-Profit: Where will you be purchasing your alcohol?  
Wholesaler ☒ Retailer ☐ Both ☐ BYO ☐  
(includes wineries)

12. Will there be any games of chance operating during the event? YES ☐ NO ☒  
If so, describe activity: N/A

**NOTE:** Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law. There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

13. Any other information or requests for exemptions (**must** be received by Commission 30 days prior to event, complete NLCC form 140): 53/168/169

14. Name and **telephone number/cell phone number** of immediate **supervisor**. This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. **PLEASE PRINT LEGIBLY**

Print name of Event Supervisor: THOMAS E. LORENZ

Signature of Event Supervisor: \_\_\_\_\_

Event Supervisor phone: Before 402-904-4444 During 402-416-5227

Email address: tlorenz@smglincoln.com

15. Consent of Authorized Representative/Applicant  
I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

sign  
here

Thomas E. Lorenz  
Authorized Representative/Applicant

GENERAL MANAGER

Title

4.7.2015

Date

THOMAS E. LORENZ

Print Name

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

**SUPPLEMENTAL FORM**  
**REQUIRED FOR ALL OUTDOOR EVENTS**  
(Including those for Non Profit Organizations)

Name of Event:	STYX & LOVER BOY CONCERT		
Applicant and Sponsoring Organization or Individual (if applicable):		PINNACLE BANK ARENA	
Date(s) of Event:	AUGUST 9, 2015	Hours:	7:00 PM
Alternate Date(s):	N/A	Hours:	N/A

Is the event open to the public? ☒ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol: TRAINED PINNACLE

BANK EMPLOYEES WILL CHECK ID'S AND WRISTBAND

Will food be served? ☒ Yes ☐ No If yes, please list food to be served: POPCORN, PRETZELS, NACHOS

HAMBURGERS, CHICKEN SANDWICHES, CHIPS

Will non-alcoholic beverages be served: ☒ Yes ☐ No  
If yes, please list non-alcoholic beverages to be served: PEPSI PRODUCTS AND BOTTLE WATER

Who will serve the beverages containing alcohol? TRAINED PINNACLE BANK ARENA EMPLOYEES

**Must complete Server/Seller Applicant Information Sheet.**

Have the designated servers received responsible beverage server training? ☒ Yes ☐ No

Will there be a charge for admission? ☒ Yes ☐ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain: \_\_\_\_\_

  
Applicant's Signature

4.7.2015  
Date

## SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

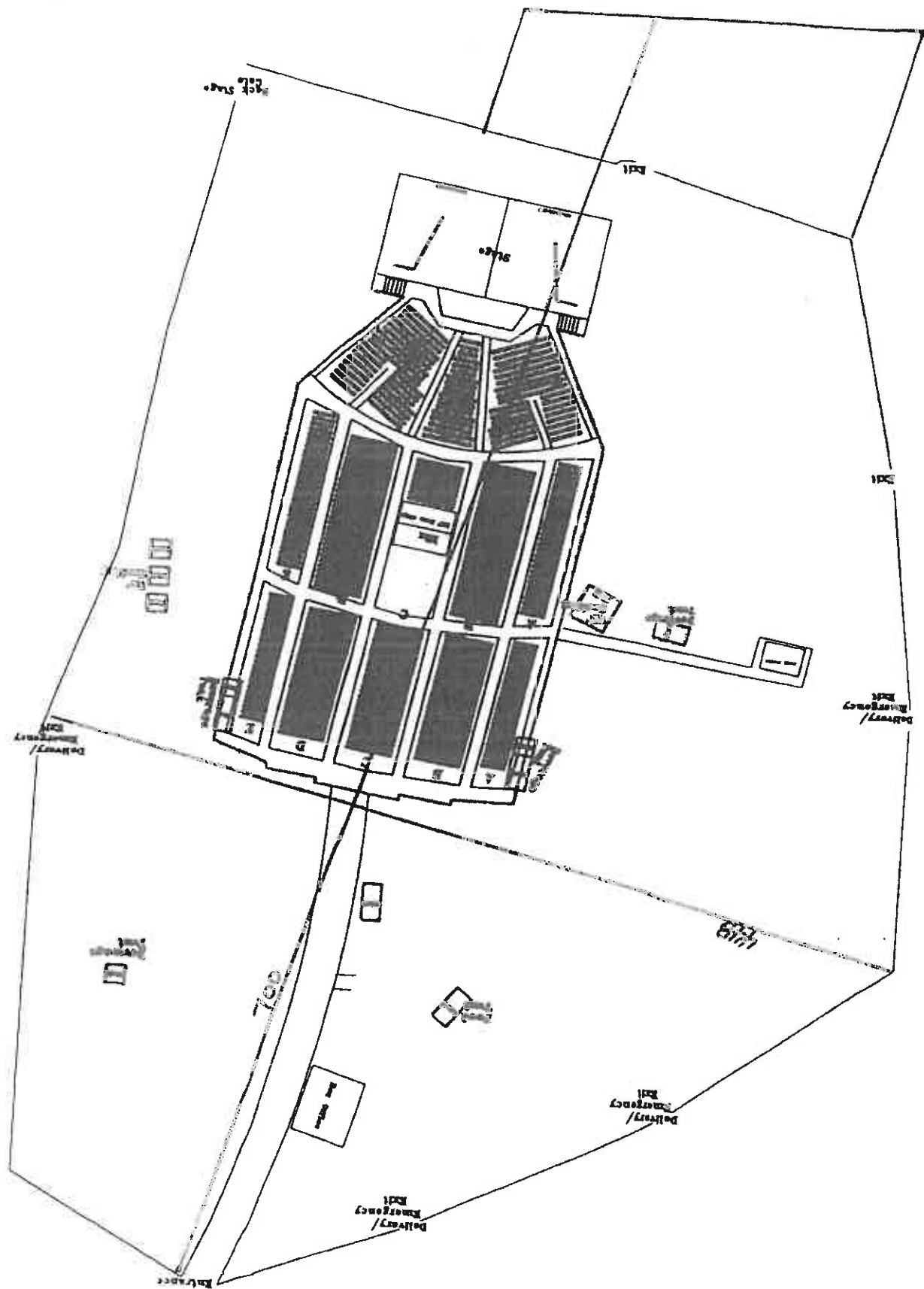
1. Number of Entry & Exit Points & Dimensions: ( 1 ENTRY ' X 1 EXIT SEE MAP ' )
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used ( 700 x 448 )
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used.

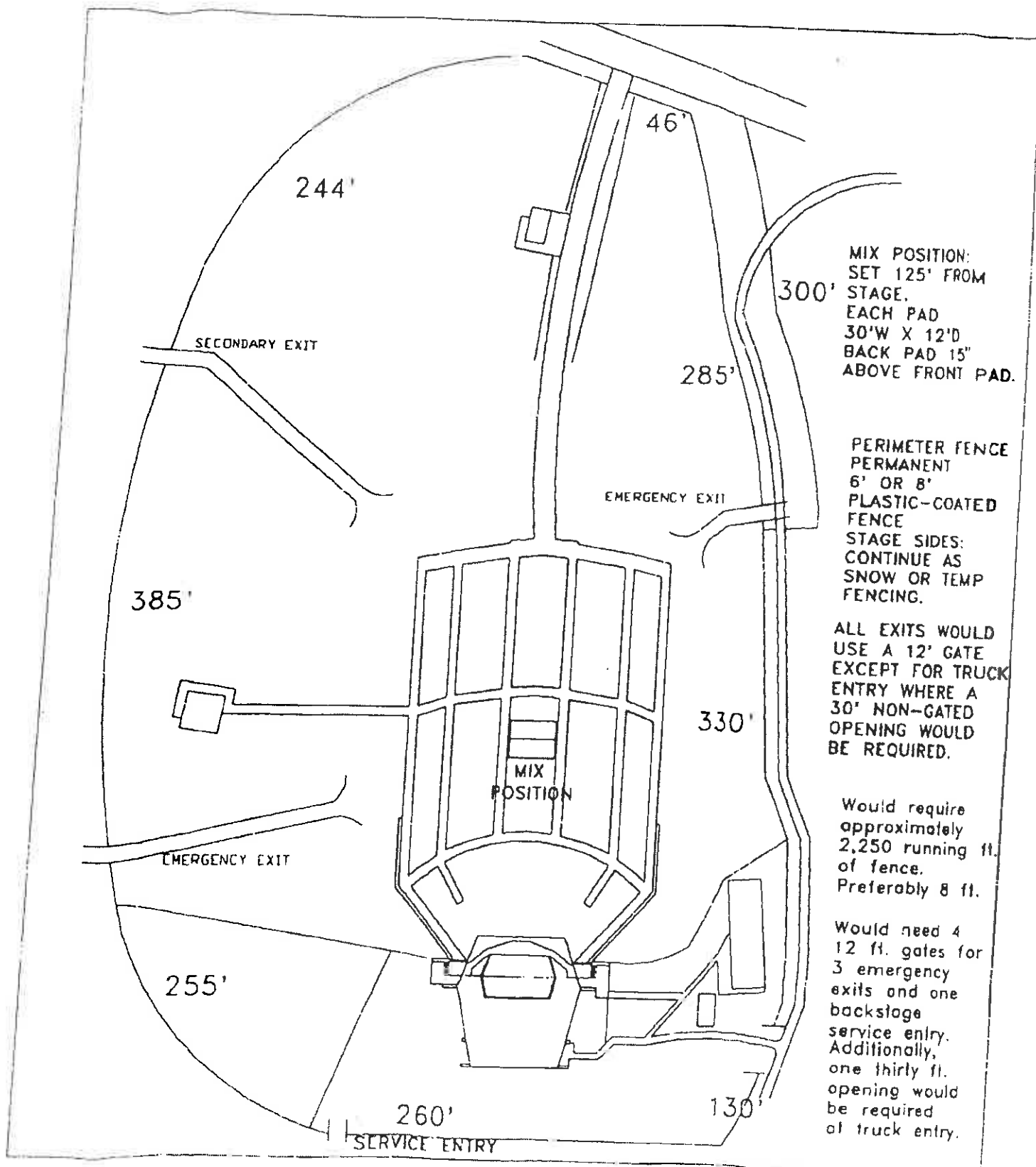
**Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.**

NOTE: WE WILL BE USING 6' CHAIN LINK FENCE

PLEASE SEE THE FLLLOWING MAPS

ATTACH EXTRA PAGES IF NECESSARY





MIX POSITION:  
SET 125' FROM  
STAGE.  
EACH PAD  
30'W X 12'D  
BACK PAD 15"  
ABOVE FRONT PAD.

PERIMETER FENCE  
PERMANENT  
6' OR 8'  
PLASTIC-COATED  
FENCE  
STAGE SIDES:  
CONTINUE AS  
SNOW OR TEMP  
FENCING.

ALL EXITS WOULD  
USE A 12' GATE  
EXCEPT FOR TRUCK  
ENTRY WHERE A  
30' NON-GATED  
OPENING WOULD  
BE REQUIRED.

Would require  
approximately  
2,250 running ft.  
of fence.  
Preferably 8 ft.

Would need 4  
12 ft. gates for  
3 emergency  
exits and one  
backstage  
service entry.  
Additionally,  
one thirty ft.  
opening would  
be required  
of truck entry.

# SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the **NAME** and **DATE OF BIRTH** of **ALL** Employees/Volunteers who will sell or dispense alcoholic beverages at your event.  
**This applies to nonprofit corporations as well.**

[illegible]